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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: 20.995 Practitioners associated with the Customer Number. Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used). Name Registration Name Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3 73(b) to 1 20.995 The address associated with Customer Number: ORFirm or Individual Name Address City State Country Telephone Email Assignee Name and Address: Hollinbeck Mgmt, GmbH, LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,

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and must identify the application in which this Power of Attorney is to be filed.

Mary Brown

WILL BOOWN

Signature

Name

Title

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(ii)

I, Mary Brown (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Hollinbeck Mgmt. GmbH, LLC.

Mary Frown

Mary Brown

Authorized Person for Hollinbeck Mgmt. GmbH, LLC

8/6/09

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